

UNITED STATES DISTRICT COURT

for the

Middle District of Tennessee

Jarrett

Plaintiff

v.

United States of America

Defendant

Civil Action No. 3:21-cv-419

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* United States of America, through
Mary Jane Stewart
U.S. Attorney for Middle District of Tennessee
110 9th Avenue South
Suite A-961
Nashville, TN 37203
ATTN: Civil Process Clerk

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Cameron T. Norris
Consovoy McCarthy PLLC
1600 Wilson Blvd., Ste. 700
Arlington, VA 22209

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 6/18/2021



CLERK OF COURT

[Signature]
Signature of Clerk or Deputy Clerk

SERVICE COPY

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

Mary Jane Stewart, U.S. Attorney, M.D. Tenn.

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* June 18, 2021 .

☐ I personally served the summons on the individual at *(place)* _____
 on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 , a person of suitable age and discretion who resides there,
 on *(date)* _____ , and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Mary Jane Stewart, U.S. Attorney, M.D. Tenn. , who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 on *(date)* June 22, 2021 ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: Served by certified mail. Return receipt is attached.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: July 2, 2021

/s/ Sean P. McElroy

Server's signature

Sean P. McElroy, Associate Attorney, Fenwick & West LLP

Printed name and title

Silicon Valley Center
 801 California Street
 Mountain View, CA 94041

Server's address

Additional information regarding attempted service, etc:

USPS TRACKING #



9590 9402 1838 6104 6976 10

United States
Postal Service

• Sender: Please

Sean McElroy

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

IP+4® in this box•

Fenwick & West LLP
Silicon Valley Center
801 California St.
Mt. View, CA 94041



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Civil Process Clerk United States Attorney's Office – Middle District of Tennessee 110 9th Avenue South, Suite A-961 Nashville, Tennessee 37203</p>		<p>B. Received by (Printed Name) Melissa Russell</p> <p>C. Date of Delivery 6/22/21</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 2140 0000 1777 9181</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 1838 6104 6976 10</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	